

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155252		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2013	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-WOODLANDS				STREET ADDRESS, CITY, STATE, ZIP CODE 4088 FRAME RD NEWBURGH, IN 47630			
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F0000	<p>This visit was for the Recertification and State Licensure Survey.</p> <p>Survey Dates: January 14-18, 22-24, 2013</p> <p>Facility number: 000155 Provider number: 155252 AIM number: 100266830</p> <p>Survey team: Diane Hancock, RN, TC Amy Wininger, RN 1/14-1/17, 1/22-1/24/13 Barbara Fowler, RN</p> <p>Census bed type: SNF/NF: 110 Total: 110</p> <p>Census payor type: Medicare: 14 Medicaid: 70 Other: 26 Total: 110</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 29, 2013, by Jodi Meyer, RN</p>		F0000	<p>Plan of Correction:</p> <p><i>Preparation and submission of this Plan Of Correction does not constitute any admission or agreement of any kind by the facility of the truth of any conclusion set forth in this allegation. Accordingly, the facility has prepared and submits this Plan of Correction solely as a requirement under State and Federal Law that mandates a submission of a Plan of Correction as a condition to participate in Title 18 and 19 programs, and to provide the best possible care to our residents as possible.</i></p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified according to physician's orders when a blood pressure dropped below 120 systolic,</p>			F0157	<p>F157 DThe corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows: The physician was notified</p>		02/11/2013

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	<p>for 1 of 10 residents reviewed for unnecessary medications. (Resident #88)</p> <p>Finding includes:</p> <p>Resident #88's clinical record was reviewed on 1/16/13 at 3:00 p.m. The physician's orders included, but were not limited to, an order for Benicar [medication for high blood pressure] 20 milligrams by mouth daily for hypertension, "hold for SBP [systolic blood pressure] < [less than] 120 and notify MD."</p> <p>The Medication Administration Record was reviewed on 1/16/13 at 2:56 p.m. The Benicar was documented as given on the following dates: 1/8/13, blood pressure 117/83 1/12/13, blood pressure 108/60 1/16/13, blood pressure 116/58</p> <p>Progress notes failed to indicate medication being held or the physician being notified of the blood pressure below 120.</p> <p>The medication was reviewed with the Director of Nurses on 1/24/13 at 8:55 a.m. She indicated the order did state the physician was to be notified.</p>				<p>immediately that resident #88 systolic blood pressure was below 120 in January 2013 and Benicar was given. The physician revised current systolic blood pressure parameters. The resident and the family were updated Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows: All residents receiving anti hypertensives with parameter guidelines were reviewed and updated with the physician. The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows: Licensed nursing staff were in-serviced on following blood pressure parameters when administering an antihypertensive medication. In-service completed by 2/8/2013 These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following: Medication Administration records of all residents who receive antihypertensive medication with parameters will be audited by the DNS/designee 1x/week x 4 weeks, then monthly x 5 months. Findings and trends will be reported monthly x 6 months to QAA unless further monitoring is deemed necessary at that time.</p>		

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	3.1-5(a)(3)				--Systemic changes will be completed by February 11th, 2013.We are requesting paper compliance for tags F157, F329, an F364		

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F0329 SS=D	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on observation, record review and interview, the facility failed to ensure 2 of 10 residents reviewed for unnecessary medications were free of unnecessary medications, in that the medications were not adequately monitored and/or were given in absence of symptoms. (Residents #138, #88)</p> <p>Findings include:</p> <p>1. On 1/17/13 at 9:00 a.m., Resident</p>			F0329	<p>F329 D</p> <p>The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows: Resident # 138's physician was notified that a Depakote Level had not been drawn in December 2012. Orders were reviewed to draw labs on Monday 1/21/13. The lab was drawn. The physician was notified of the result and no new orders were received. Family was also</p>		02/11/2013

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	<p>#138 was observed to be up in a wheelchair in the hallway by the nurses' station. She was describing seeing a person laying on the floor. There was no one on the floor.</p> <p>Resident #138's clinical record was reviewed on 1/17/13 at 10:58 a.m. The resident's diagnoses included, but were not limited to, the following: Dementia with Lewy bodies, hypothyroidism, dysthymic disorder, sleep disorder, Alzheimer's disease, anemia, abnormal involuntary movements, hallucinations, depressive disorder, essential hypertension, chronic pain syndrome.</p> <p>Physician's orders, signed 1/8/13, included, but were not limited to, the following: Divalproex Sodium [anti-convulsant, mood stabilizer] 250 milligrams, one tablet three times a day Valproic acid level [to check if levels of medication are therapeutic] every 6 months, due in June and December</p> <p>The last documented valproic acid level was done 6/26/12 and was within therapeutic levels [40 to 100 micrograms per milliliter mcg/ml] at 52.3 mcg/ml.</p> <p>On 1/18/13 at 11:20 a.m., RN #1 was</p>				<p>updated. Resident #88's physician was immediately notified that Benicar was given in January 2013 when systolic blood pressure was below 120. The physician updated the current BP parameters on the Benicar. Family was updated. Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows: All residents who had lab work due in December 2012 were identified and audited to make sure all December 2012 labs had been completed. All residents who receive anti hypertension medications with parameters for administration were identified, reviewed, and updated by their physician. The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows: All lab orders will now be placed on unit calendar and in the Lab Book. A Daily lab log is in place to monitor results. (see attached). Nursing staff were inserviced on 2/8/2013 regarding new lab recording procedures and following parameters when administering an anti hypertension medication. These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur</p>		

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	<p>interviewed regarding the valproic acid level. She referred to their laboratory visit book and indicated none was documented as done in December, 2012. She then called the laboratory. The laboratory also indicated a level had not been done in December, 2012.</p> <p>2. Resident #88's clinical record was reviewed on 1/16/13 at 3:00 p.m. The physician's orders included, but were not limited to, an order for Benicar [medication for high blood pressure] 20 milligrams by mouth daily for hypertension, "hold for SBP [systolic blood pressure] < [less than] 120 and notify MD."</p> <p>The Medication Administration Record was reviewed on 1/16/13 at 2:56 p.m. The Benicar was documented as given on the following dates: 1/8/13, blood pressure 117/83 1/12/13, blood pressure 108/60 1/16/13, blood pressure 116/58</p> <p>There was no indication in the clinical record of the medication being held according to the physician's orders for a systolic blood pressure below 120, and the physician was not notified.</p> <p>The medication was reviewed with the</p>		<p>per the following: All labs will be monitored daily M-F by Director of Nursing Services (DNS) and the Unit Managers. DNS/Designee will audit all labs weekly x4 weeks, then monthly x6 months. Medication Administration Records of all residents who receive anti-hypertension medications with parameters will be audited by DNS/Designee weekly x4 weeks and then monthly x6 months. Findings and trends will be reported monthly x6 months to the QA&A committee unless further monitoring is deemed necessary at that time. Systemic Changes will be completed by February 11, 2013 We are requesting paper compliance for tags F157, F329, and F364.</p>				

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	<p>Director of Nurses on 1/24/13 at 8:55 a.m. She indicated the order was to hold for blood pressure less than 120.</p> <p>3.1-48(a)(3)</p>						

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F0364 SS=E	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. Based on record review, interview and observation, the facility failed to provide foods at the proper temperatures, in 3 of 3 residents reviewed for food quality, out of 10 who met the criteria, in that the residents complained of cold food and food temperatures were cool when tested. (Resident #6, Resident #119, Resident #153)</p> <p>Findings include:</p> <p>During an interview on 01/15/13 at 2:00 p.m., Resident #6 indicated the room trays had been delivered to the room and the food was cold. Resident #6 further indicated, at that time, breakfast was usually served with cold eggs and cold coffee.</p> <p>During an interview on 01/14/13 at 2:12 p.m., Resident #119 indicated she ate her meals in her room and her tray always arrived with cold eggs, cold meats, and cold soups. Resident #119 further stated, at that time, "We</p>			F0364	<p>F364 E</p> <p>The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows: Corrective action was immediately conducted by DSM by providing education with the dining services staff on duty on maintaining serving temperatures. DSM also educated nursing staff on offering residents to reheat their food if the residents desired. Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows: In-service given to nursing and dining staff on food temperatures and meal tray delivery order by 2/11/2013. The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows: DSM/designee to monitor steam table temperatures prior to meals and prior to the</p>		02/11/2013

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	<p>meet on it every month, but nothing has changed. They won't do anything about it."</p> <p>During an interview with Resident #153 on 1/16/13 at 8:45 a.m., Resident #153 indicated her food was cold. Resident #153 indicated she declined her tray frequently because she knew her food was going to be cold. The resident indicated the facility staff could heat her food but it would probably make it worse. Resident #153 indicated she had never asked any staff to reheat her food and staff had never offered to heat it. Resident #153 indicated she was new to the facility and she had a gastric bypass in the past. Resident #153 indicated she ate her food both in her room and in the dining room and the food was cold in both areas.</p> <p>Observation on 1/18/13 at 11:09 a.m., indicated the ADM [Assistant Dietary Manager] to be obtaining the temperatures of the lunch meal before placing the food on the steam table. The temperatures are as followed: Roast beef - 189 degrees Pork chop - 193 degrees Peas - 196 degrees Scalloped potatoes - 206 degrees Mashed potatoes - 178 degrees</p>			<p>start of dining room service to ensure proper serving temperatures 5x per week x 4 weeks. DSM/designee will also monitor proper use of the plate warmer and appropriate temperatures of the resident trays who have meals in their rooms 5x per week x 4 weeks. In-service was given by DSM to all dining services employees on maintaining steam table temperatures and ensuring proper use of plate warmer by 2/8/2013. Test tray evaluations will be completed by the DSM/designee 5x per week x4 weeks. The Registered Dietitian will monitor test tray evaluations during her visits. DSM/designee will discuss food temperatures at the Food Committee meeting or Resident Council meeting monthly x 6months. These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following: The DSM will monitor findings and trends with QAA on a monthly basis x6 months unless further monitoring is deemed necessary at that time.</p> <p>--Systemic changes will be completed by February 11th, 2013. We are requesting paper compliance for tags F157, F329, and F364.</p>			

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	<p>Sweet potatoes - 199 degrees Gravy - 196 degrees Winter mixed vegetables - 196 degrees Puree roast beef - 166 degrees Puree peas - 169 degrees Ground beef - 165 degrees</p> <p>Food service for the units began at 11:30 a.m., on 1/18/13 and was completed at 12:15 p.m. The food service for the dining room began at 12:15 p.m. and was completed at 12:50 p.m. While obtaining plates from the plate warmer at 11:37 a.m., the ADM [Assistant Dietary Manager] indicated the plates were hot to the touch.</p> <p>At 11:55 a.m. on 1/18/13, trays were sent to the 100 unit. At 12:07 p.m., the last tray on the unit cart, which was for Resident #119, was removed and another tray for the resident was requested from the kitchen. The temperatures of the food on the tray were as followed: roast beef - 109 degrees, sweet potatoes - 117.7 degrees, scalloped potatoes - 137.3 degrees. The roast beef and sweet potatoes were cool to the taste and the scalloped potatoes were warm to taste.</p> <p>Interview with the DM [Dietary</p>						

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	<p>Manager] on 1/18/13 at 12:50 p.m., indicated she did not realize the food was cool when it was received on the halls. The DM indicated she had not had any recent complaints of cold food and thought everything was okay.</p> <p>Interview with the RD [Registered Dietician] on 1/18/13 at 2:47 p.m., she indicated the DM had informed her the plate warmer was not working properly. She indicated the dishwasher was being worked on. Upon query, the DM indicated the dishes were not being washed quick enough for the plate warmer to work properly. When informed the plate warmer was plugged in on the side where the food was being served and the ADM had indicated the plates were hot when she removed them from the warmer, the DM indicated she did not really know if the plate warmer was properly working.</p> <p>The guidelines for "Food Temperatures", dated 2011 and obtained from the Adm [Administrator] on 1/24/13 at 9:40 a.m., lacked any instructions for serving food(s) at the proper temperature(s).</p> <p>3.1-21(a)(2)</p>						

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